

FACT-ICM (Version 4)

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

PHYSICAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GP1	I have a lack of energy	0	1	2	3	4
GP2	I have nausea	0	1	2	3	4
GP3	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
GP4	I have pain	0	1	2	3	4
GP5	I am bothered by side effects of treatment	0	1	2	3	4
GP6	I feel ill	0	1	2	3	4
GP7	I am forced to spend time in bed	0	1	2	3	4

SOCIAL/FAMILY WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GS1	I feel close to my friends	0	1	2	3	4
GS2	I get emotional support from my family	0	1	2	3	4
GS3	I get support from my friends	0	1	2	3	4
GS4	My family has accepted my illness	0	1	2	3	4
GS5	I am satisfied with family communication about my illness	0	1	2	3	4
GS6	I feel close to my partner (or the person who is my main support)	0	1	2	3	4
Q1	<i>Regardless of your current level of sexual activity, please answer the following question. If you prefer not to answer it, please mark this box and go to the next section.</i>	<input type="checkbox"/>				
GS7	I am satisfied with my sex life	0	1	2	3	4

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EMOTIONAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GE1	I feel sad	0	1	2	3	4
GE2	I am satisfied with how I am coping with my illness.....	0	1	2	3	4
GE3	I am losing hope in the fight against my illness.....	0	1	2	3	4
GE4	I feel nervous	0	1	2	3	4
GE5	I worry about dying	0	1	2	3	4
GE6	I worry that my condition will get worse	0	1	2	3	4

FUNCTIONAL WELL-BEING

		Not at all	A little bit	Somewhat	Quite a bit	Very much
GF1	I am able to work (include work at home)	0	1	2	3	4
GF2	My work (include work at home) is fulfilling.....	0	1	2	3	4
GF3	I am able to enjoy life.....	0	1	2	3	4
GF4	I have accepted my illness.....	0	1	2	3	4
GF5	I am sleeping well	0	1	2	3	4
GF6	I am enjoying the things I usually do for fun	0	1	2	3	4
GF7	I am content with the quality of my life right now.....	0	1	2	3	4

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<u>ADDITIONAL CONCERNS</u>		Not at all	A little bit	Somewhat	Quite a bit	Very much
AA1	My fatigue keeps me from doing the things I want to do	0	1	2	3	4
ICM1	I have been bothered by diarrhea	0	1	2	3	4
Hep8	I have discomfort or pain in my stomach area	0	1	2	3	4
Cx6	I am bothered by constipation	0	1	2	3	4
AA9	I am bothered by a skin rash	0	1	2	3	4
Lym1	I am bothered by itching	0	1	2	3	4
ICM2	I am bothered by dry skin.....	0	1	2	3	4
ICM3	I am bothered by vitiligo (white patches appearing on my skin).....	0	1	2	3	4
Br20	I have weakness in my arms or legs.....	0	1	2	3	4
ICM4	I feel pain, soreness or aches in some of my muscles	0	1	2	3	4
BRM1	I have pain in my joints	0	1	2	3	4
AA10	I am bothered by swelling in certain areas of my body ...	0	1	2	3	4
BMT13	I am bothered by a change in the way food tastes.....	0	1	2	3	4
Ga1	I have a loss of appetite	0	1	2	3	4
O2	I have been vomiting	0	1	2	3	4
B1	I have been short of breath	0	1	2	3	4
L2	I have been coughing	0	1	2	3	4
BRM3	I am bothered by fevers (episodes of high body temperature)	0	1	2	3	4
MS3	I am bothered by headaches	0	1	2	3	4
Lym2	I have trouble sleeping at night	0	1	2	3	4
BRM5	I am bothered by dry mouth.....	0	1	2	3	4
NP3	I am bothered by worsening eyesight.....	0	1	2	3	4

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		Not at all	A little bit	Somewhat	Quite a bit	Very much
ICM6	I am bothered by short-term treatment reactions that I experience immediately after, or within 24 hours of, an infusion (such as chills, dizziness, hives, rashes lasting no more than 24 hours)	0	1	2	3	4
ICM7	I am troubled by not knowing when exactly my side effects will happen, how long they will last and how bad they will be	0	1	2	3	4
ICM5	I worry about negative impacts that my treatment may have upon my long-term health.....	0	1	2	3	4